

03/15/01
J1044 U.S. PTO

3-16-01

AF

Please type a plus sign (+) inside this box



PTO/SB/05 (08-00)

Approved for use through 10/31/2002, OMB 0651-0032

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J1044 U.S. PTO
09/809468

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages 11]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C. 113) [Total Sheets 9]
5. Oath or Declaration [Total Pages 4]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional/with Box 17 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
6. Application Data Sheet. See 37 CFR 1.76

Attorney Docket No. 180431-00015

First Inventor Michael Wholey
Title METHOD AND APPARATUS FOR MEDICAL DEVICE
FOR ASPIRATION OF THROMBOEMBOLIC DEBRIS

Express Mail Label No. EL701531914US

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney
11. English Translation Document (if applicable)
12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. Other: Check \$364.00

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP)

of prior application No. _____ / _____

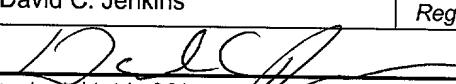
Prior application information

Examiner _____

Group 1 Art Unit _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

| | | | | |
|--|---|-----------|-----------------------------------|--|
| <input type="checkbox"/> Customer Number or Bar Code Label | (Insert Customer No. or Attach Bar code label here) | | | <input type="checkbox"/> or <input checked="" type="checkbox"/> Correspondence address below |
| Name | David C. Jenkins | | | |
| Address | Eckert Seamans Cherin & Mellott, LLC | | | |
| City | Pittsburgh | State | PA | Zip Code |
| Country | US | Telephone | 412.566.1253 | Fax |
| Name (Print/Type) | David C. Jenkins | | Registration No. (Attorney/Agent) | 42,691 |
| Signature |  | | Date March 15, 2001 | |

Burden Hour Statement: This form is estimated to take 0 2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

364.00

Complete if Known

| | |
|----------------------|----------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Michael Wholey |
| Examiner Name | |
| Group Art Unit | |
| Attorney Docket No. | 180431-00015 |

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to

Deposit Account Number

Deposit Account Name

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|-----------------|----------|
| 101 | 710 | 201 | 355 |
| 106 | 320 | 206 | 160 |
| 107 | 490 | 207 | 245 |
| 108 | 710 | 208 | 355 |
| 114 | 150 | 214 | 75 |
| SUBTOTAL (1) (\$) | | | |
| 355.00 | | | |

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| 21 | -20** | = 1 X 9 | = 9.00 |
| 3 | -3** | = 0 X 0 | = 0.00 |
| Multiple Dependent | | | |

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | |
|----------------------------|----------------------------|-----------------|-----|
| 103 | 18 | 203 | 9 |
| 102 | 80 | 202 | 40 |
| 104 | 270 | 204 | 135 |
| 109 | 80 | 209 | 40 |
| 110 | 18 | 210 | 9 |
| SUBTOTAL (2) (\$) | | | |
| 9.00 | | | |

**or number previously paid, if greater; For Reissues, see above

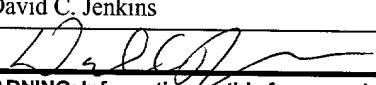
FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|-----------------------------------|----------------------------|-----------------|----------|
| 105 | 130 | 205 | 65 |
| 127 | 50 | 227 | 25 |
| 139 | 130 | 139 | 130 |
| 147 | 2,520 | 147 | 2,520 |
| 112 | 920* | 112 | 920* |
| 113 | 1,840* | 113 | 1,840* |
| 115 | 110 | 215 | 55 |
| 116 | 390 | 216 | 195 |
| 117 | 890 | 217 | 445 |
| 118 | 1,390 | 218 | 695 |
| 128 | 1,890 | 228 | 945 |
| 119 | 310 | 219 | 155 |
| 120 | 310 | 220 | 155 |
| 121 | 270 | 221 | 135 |
| 138 | 1,510 | 138 | 1,510 |
| 140 | 110 | 240 | 55 |
| 141 | 1,240 | 241 | 620 |
| 142 | 1,240 | 242 | 620 |
| 143 | 440 | 243 | 220 |
| 144 | 600 | 244 | 300 |
| 122 | 130 | 122 | 130 |
| 123 | 130 | 123 | 130 |
| 126 | 180 | 126 | 180 |
| 581 | 40 | 581 | 40 |
| 146 | 710 | 246 | 355 |
| 149 | 710 | 249 | 355 |
| 179 | 710 | 279 | 355 |
| 169 | 900 | 169 | 900 |
| Other fee (specify) _____ | | | |
| *Reduced by Basic Filing Fee Paid | | | |
| SUBTOTAL (3) (\$) | | | |
| 0.00 | | | |

SUBMITTED BY

Complete if applicable

| | | | | | |
|-------------------|---|-----------------------------------|----------------|-----------|--------------|
| Name (Print/Type) | David C. Jenkins | Registration No. (Attorney/Agent) | 42,691 | Telephone | 412.566.1253 |
| Signature |  | | | | |
| | | Date | March 15, 2001 | | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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